



COVID Management and Testing for Staff

Version:	Review date:	Edited by:	Approved by:	Comments:
1	28.10.2021		Chief Operating Officer	

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1. Introduction

1.1 Policy statement

North West Surrey Integrated Care Services (NICS) recognizes that the outbreak of coronavirus, SARS coronavirus (SARS-CoV-2), which results in the disease Covid-19 and Covid-19 variants is a fast-moving situation.

We provide robust Infection Prevention and Control policies and Business Contingency plans to help reduce the spread of infection and prepare for any disruptions as a result of a Covid-19 outbreak.

NICS will ensure staff have access to reliable information to reduce anxiety and distress and dispel ad myths or inaccurate information that may cause stress to staff, patients and the wider public.

NICS still have a legal duty to manage risks to staff and patients. The way to do this is to carry out a health and safety risk assessment, including the risk of COVID-19, and to take reasonable steps to mitigate the risks we identify.

1.2 Status

This document and any procedures contained within it forms part of NIC's terms and condition of employment as stated in your contract of Employment

1.3 Training and support

NICS will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

2 Scope

Who it applies to

This policy applies to all prospective and existing NICS staff.

3 Duties and Responsibilities

The Chief Executive Officer and the Nominated Individual for the organisation holds ultimate responsibility for ensuring this policy and procedure is adhered to.

The HR Manager for the organisation will undertake responsibility for ensuring this policy is embedded and understood by all relevant employees.



Service Managers and Site Managers are responsible for ensuring this policy is embedded in their area.

All staff must take personal responsibility and adhere to the policy and raise any concerns with their line manager

4 Procedure

4.1 Infection control Precautions

All staff must follow NICS Infection, Prevention and Control procedures to minimise the risk.

All staff must adhere to strict handwashing and wash hands:

- Before leaving work
- On arrival to work
- After putting on and removing PPE
- After touching pets
- After breaks and sporting exercise
- Before preparing and handing food
- After using public transport
- Before leaving work
- On arrival at home

Masks are required in patient and clinical areas.

Staff, patients and visitors will also be expected to continue to follow social distancing rules when visiting any setting as well as using face coverings, mask and other personal protection equipment.

4.2 NICS Routine testing requirements

Continued efforts are required to keep staff and patients safe from potential transmission of COVID-19 in NICS settings by ensuring that all staff continue to participate in this important programme.

From July 2021 all NHS staff will be able order testing kits directly from www.gov.uk/order-coronavirus-rapid-lateral-flow-tests.

All staff and volunteers now have access to testing using LFDs and the approach is as follows:

- Testing should take place at home twice weekly for all regular staff
- For ad hoc staff or volunteers testing should take place at home on the day of the shift
- Tests should be self-administered in line with the manufacturer's instructions which are issued with a box of tests (this will differ slightly depending on manufacturer)
- It is a statutory duty that all test results must be reported, whether they are positive, negative or invalid/void. This must happen every time an LFD test is completed.



All NICS staff are now required to report their results on [Report a COVID-19 rapid lateral flow test result - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/report-a-covid-19-rapid-lateral-flow-test-result).

The line manager for each area is responsible for ensuring these are carried out and must sign the Lateral flow device antigen test form (*Appendix 1*)

4.3 If a staff member develops Covid symptoms

If a staff member develops any of the [symptoms of COVID-19](#), however mild:

- they should follow the [stay at home guidance](#) and arrange to have a PCR test - Please refer to NICS policy on testing. (testing is most sensitive within 3 days of the development of symptoms)
- if at home (off-duty), they should not attend work whilst awaiting their PCR test result and should notify their line manager immediately
- if at work, they should inform their line manager and return home as soon as possible

4.4 If a staff member receives a positive SARS-CoV-2 PCR test

When a staff member receives a positive SARS-CoV-2 PCR test result, they must self-isolate for 10 days. The isolation period includes the day the symptoms started or the day their PCR test was taken if they do not have symptoms, and the next 10 full days.

Their household contacts should follow the [stay at home guidance](#) produced by the Department of Health and Social care which outlines details on self-isolation requirements.

Any staff admitted to hospital with COVID-19 symptoms will be subject to the guidance for isolation for patients within [guidance for stepdown of infection control precautions and discharging COVID-19 patients](#).

4.5 If a staff member receives a positive SARS-CoV-2 self-reported lateral flow device (LFD) antigen test result

If a staff member's self-reported SARS-CoV-2 LFD antigen test result is positive, they should self-isolate immediately. They should arrange to have a follow-up PCR test as soon as possible, either through their workplace arrangements or the [NHS Test and Trace service](#) and should continue to self-isolate whilst awaiting their PCR test result.

If the follow-up PCR result is positive, the staff member must self-isolate for 10 full days, from the date of their positive PCR test result. They and their household contacts should follow the [stay at home guidance](#), which outlines details on self-isolation requirements. If the follow-up PCR test result is negative, the staff member can stop self-isolating

4.6 Returning to work criteria

If staff are symptomatic when returning to work after a negative PCR test or after their self-isolation has ended



Staff who receive a negative PCR test result can usually [return to work](#) providing they are medically fit to do so, subject to discussion with their line manager and a local risk assessment.

Staff who receive a positive PCR test result can return to work after their isolation period has ended, provided their symptoms have improved, they have been afebrile (not feverish) for 48 hours without the use of medication to control fever, and are medically fit to return. Staff may still return to work if they still have any of the other symptoms and are fit enough to do so, as these may persist for some time after the infection has resolved.

Staff who receive an inconclusive PCR test result should continue to self-isolate and arrange another PCR test. They can return to work after their isolation period has ended or if their PCR test is negative.

If staff are asymptomatic after returning to work after isolating following a positive PCR or LFD antigen test:

Staff who test positive for SARS-CoV-2 (either by PCR or a self-reported LFD antigen test followed by PCR) and who were asymptomatic at the time of the test can return to work after their isolation period ended. If they do not develop symptoms. However, if they develop symptoms during the 10 days isolation, they should self-isolate for 10 full days from the day of symptom onset. They can return to work after 10 full days of self-isolation.

4.7 If a staff member is identified as a contact of a Covid-19 case

Exemptions from self-isolation if the staff member is fully vaccinated and is identified as a contact of a Covid-19 case.

From 16 August, staff members notified that they are a contact of a COVID-19 case are not required to self-isolate if they are fully vaccinated. They should inform their line manager or employer immediately if they are required to work in the 10 days following their last contact with a COVID-19 case.

If the staff member develops symptoms of COVID-19 during this period, follow the guidance in section

The majority of fully vaccinated staff will be able to continue in their usual role. The following apply to staff returning to work following this exemption:

- the staff member should not have any [COVID-19 symptoms](#)
- the staff member should immediately arrange for a PCR test, either through their workplace arrangements or via the NHS Test and Trace service, and the result of this PCR test should be negative prior to returning to work
- following the negative PCR result, the staff member should undertake an LFD antigen test every day for the 10 days following their last contact with the case (even on days they are not at work)
- if a staff member has had a SARS-CoV-2 infection in the past 90 days, they should not have a PCR test and should only undertake daily LFD antigen tests
- on days the staff member is working, the LFD antigen test should be taken before starting their shift, and the result should be negative



- the staff member should comply with all relevant infection control precautions and PPE should be worn properly throughout the day
- if the staff member works with patients who are highly vulnerable to COVID-19 (as determined by the organisation), a risk assessment should be undertaken, and consideration given to redeployment during their 10-day self-isolation period

If an unvaccinated or partially vaccinated staff member is identified as a contact of a Covid-19 case

If an unvaccinated or partially vaccinated staff member is notified as a contact of a COVID-19 case, by NHS Test and Trace or their workplace, they must self-isolate as advised unless they are exempt (because they are under 18, unable to be vaccinated due to medical reasons or are taking part or have taken part in a clinical trial for a COVID-19 vaccine).

If they are unvaccinated and are exempt from self-isolation, they should not attend work, or should be redeployed for the period of time they would be required to self-isolate. If staff are to be redeployed, they should comply with the mitigations outlined above.

If they develop symptoms of COVID-19 during this period, they should follow the guidance in section 4.2

The following general principles continue to apply to all unvaccinated or partially vaccinated staff who have been identified as a contact of a COVID-19 case:

- if they are providing care to or are in close contact with an individual with SARS-CoV-2 infection and are wearing the correct PPE appropriately in accordance with the [current infection prevention and control \(IPC\) guidance](#), they will not be considered as a contact for the purposes of contact tracing and isolation
- if there has been a breach of recommended PPE during the care episode then the staff member would be considered a contact and should self-isolate as advised
- in non-patient facing areas, IPC precautions may unintentionally be less stringently adhered to. If IPC precautions have been compromised, or PPE has been worn incorrectly or breached, the staff member should be considered a contact and should self-isolate as advised

4.8 Repeat Testing for Covid

Exemptions from routine testing for individuals who have previously tested positive for SARS-CoV-2 within 90 days

Fragments of inactive virus can be persistently detected by PCR in respiratory tract samples following infection, and for some time after a person has completed their isolation period and is no longer infectious.

Staff who do not have severe immunosuppression, and who previously have tested positive for SARS-CoV-2 by PCR, should be exempt from routine re-testing, by PCR or LFD antigen tests, if within 90 days from their initial illness onset or test date (if asymptomatic), unless they develop new COVID-19 symptoms.



Assessment of repeat positive test results within 90 days of a prior positive test

If an individual is re-tested by PCR within 90 days from their initial illness onset or prior positive PCR test date and their test is positive, a clinical risk assessment should be used to decide whether new infection ([‘reinfection’](#)) is a possibility and to inform subsequent action including whether isolation is required.

The advice of an infection specialist should be sought to inform clinical risk assessment.

If staff are re-tested with an LFD antigen test within 90 days of a positive PCR test and are found to be positive, they should arrange to have a follow-up PCR test and should self-isolate whilst awaiting their test result. If the PCR is negative, they and their household can stop isolating. If the PCR is positive, the guidance in the preceding paragraph should be followed

Isolation requirements for repeat positive test results 90 days or more after a prior positive test.

If an individual is re-tested 90 days or more after their initial illness onset or prior test date, and is found to be PCR positive, this should be considered as a possible new infection. They should immediately self-isolate from when their symptoms started or their test date if they do not have symptoms, and follow [stay at home guidance](#). Reinfection should be considered and further management including need for isolation assessed according to [guidance on the investigation and management of suspected SARS-CoV-2 reinfections](#).

4.9 Guidance on protecting staff who are deemed ‘higher risk’

Clinically extremely Vulnerable staff

Shielding advice was paused on 1 April 2021. However, NICS recognise that some staff may wish to access additional care and support to help them stay safe and well.

As restrictions have been eased the Government has advised that clinically extremely vulnerable people, as a minimum, should follow the same guidance as everyone else.

However, as someone who is at a higher risk of becoming seriously ill if they were to catch COVID-19, the line manager should undertake a risk assessment to ascertain whether additional precautions may be required. This may be exploring whether the staff member could limit the close contact they have with those they do not usually meet with in order to reduce the risk of catching or spreading COVID-19, particularly if they are clinically extremely vulnerable and if COVID-19 disease levels in the local region are high. The line manager will respect and be considerate of those who may wish to take a more cautious approach as restrictions are lifted and in specific cases, will consult with HR and the Head of Quality and Governance. Occupational Health can also be consulted for additional advice and guidance

Clinically vulnerable staff should be encouraged to have both the first and second dose of the coronavirus vaccine.



Staff in other 'high risk' groups

The higher-risk groups include those who:

- are older males
- have a high body mass index (BMI)
- have health conditions such as diabetes
- are from some Black, Asian or minority ethnicity (BAME) backgrounds

The line manager should ensure that all staff who fall into the category above have a relevant risk assessment on file and this is updated bi monthly. This should detail any additional precautions that may be required. Occupational Health can also be consulted for additional advice and guidance.

Pregnant Workers

All pregnant workers and new mothers will have a risk assessment undertaken.

Some pregnant workers will be at greater risk of severe illness from coronavirus.

The line manager is responsible for ensuring that they consult with Occupational Health for any additional advice and support as part of this risk assessment.

4.10 Working from home

If a person needs to self-isolate and feels well, the line manager, *at their discretion*, can decide whether their role can be undertaken at home and if in agreement with staff, provide the opportunity to do so (*Please refer to NICS home working policy and procedure*)

4.11 Long Covid

NICS recognises that some staff may be affected by the long-term effects of Covid known as 'Long Covid'. Symptoms include:

- Extreme tiredness (fatigue)
- Dizziness
- Chest pain/tightness
- Problems with memory and concentration (brain fog)
- Difficulty sleeping (insomnia)
- Heart palpitations
- Pins and needles
- Joint pain
- Tinnitus, earaches
- Diarrhoea, feeling sick, stomach-ache
- A high temperature, cough, sore throat and loss of taste or smell
- Rashes

Where staff have symptoms of Long Covid, they should be encouraged to see their GP. The line manager can also consult with Occupational Health for further advice and support.



4.12 Suspected Outbreak of Covid

A suspected outbreak where two or more test-confirmed or clinically suspected cases of COVID-19 among staff associated with a specific setting (for example, Urgent treatment Centre or vaccination site, then the Clinical Director or nominated other will contact Health Protection for further advice.

5 Policy Review

This policy will be reviewed by the management team every month or earlier to meet with national guidance.

6 Associated Policies

1. NICS Staff Handbook
2. NICS Sickness and Absence Policy
3. NICS Travelling Abroad guidance
4. NICS Home working policy
5. NIC Infection, Prevention and Control Policy

7 Supporting References

1. Department of Health and Social Care: Covid Guidance for health professionals
2. Department of Health and Social Care: Covid 19: Management of staff and patients in Health and social care settings
3. Department of Health: Covid roadmap Summer 2021
4. Public Health England: Guidance on protecting people on the grounds of being extremely clinically vulnerable
5. Department of Health and Social Care: Working safety during Covid
6. NHS England: Long term effects of Covid
7. CQC Regulation 12: Safe Care and Treatment
8. Employment Statutory Code of Practice
9. Health and Safety at Work Act

8 Supporting Documents

1. *Lateral Flow testing staff form*
2. *Pregnancy Risk assessment*
3. *Covid risk assessment*